## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

CLAIMS AS FILED - PART I								011414	, /	-	····	-
				(Column 1)		(Column 2)		8MALL EN	YTITI	OR	OTHER THAN SMALL ENTITY	
U	3. NATIONAL	STAGE FEES	,				7	RATE	FEE	7	RATE	<u> </u>
BASIC FEE			SMALL ENT.	SMALL ENT. = \$ 150		ENT. = \$ 800	1	BASIC FEE	-	۲	-	FEE
EXAMINATION FEE			Satisfies PCT Article \$3(1)- . (4) = \$ 50 / \$ 100			r situations =	1	EXAM. FEE	<del> </del>	- OR	BASIO FEE	300
SEARCH FEE			U.S. Is ISA = \$ ALL other cour	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		0 / \$ 200 situations = 0 / \$ 500	1	SEARCH FEE		-	EXAM FEE	200
FEE	FOR EXTRA	SPEC. PGS.		s 100 =		50 ≐	1				SEARCH FEE	HOV
TOTAL CHARGEABLE CLAIMS			- <del> </del>	us 20 =		-	-	X \$ 125 =	ļ		X \$ 250 =	
INDEPENDENT CLAIMS			79 minus 3 = 1					X \$ 25 =		OR	· X \$ 50 =	
_	<del></del>			+			X \$ 100 =		OR	X \$ 200 =		
MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column it is local than any						<u> </u>		+ \$ 180 =	·	OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR.	TOTAL	900
CLAIMS AS AMENDED - PART II												7
-	(Column 1) (Column 2) (CLAIMS HIGHEST					(Column 3)	٠.	SMALL E	YTITH	OR	OTHER SMALL	THAN Entity
AMENDMENTA		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL
	Total	<b>*</b> .	Minus	**	. =			X \$ 25 =		OR	X \$ 50 =	FEE
	Independent	t .	Minus	***	=			X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					TI	ŀ	+ \$ 180 =				
•							· L	TOTAL ADDIT.	-	OR OR	+ \$ 360 = TOTAL ADDIT.	<u> </u>
	•			٠.	•		•	FEE [		OK	FEE	
		(Column 1)		(Column HIGHES		Column 3)						
X		REMAINING - AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		ė			X \$ 25 =		OR	X\$50 ≈	
	Independent	*	Tillius .	**	. 8	,		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =	
•							1	OTAL ADDIT. FEE		OR T	OTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '9', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	•							Athiohidia DOX (	u wumn 1,			